27 Comparative summary

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27.1 The pandemic in 2020 and federalism: 24 case studies

As the world entered 2021, over 90 million people had reportedly been infected with COVID-19 around the globe, resulting in an estimated 2 million deaths. Half of these fatalities occurred in just seven countries across four continents: five federal nations (United States, India, Brazil, Russia, Germany) and three devolved unitary countries with strong devolved and decentralized governance features (Italy, Spain, and the United Kingdom).¹ This distribution underscores both the global footprint of the crisis and the extent to which some of the world's largest economies and most developed countries have been impacted by it. Even in countries where there were no extensive lockdowns during periods of rising infections, there has been significant economic disruption.

It has become increasingly clear that all countries (federal and unitary) were taken by surprise by the proliferation of the virus over the course of 2020. Consequently, in the vast majority of cases, governments struggled to formulate coherent public health and public policy responses to COVID-19. At the time of writing, the pandemic is ongoing, but it is fair to say that over the course of 2020 several lessons were learnt. This applies not just to the clinical aspects of the pandemic, but also to public policy.

Indeed, the chapters in this volume demonstrate that as the pandemic has dragged on, constituent unit governments have played an increasingly important role, even in countries where federal governments dominated decision-making. By their very nature, federations are more complex than unitary states. In unitary states, where national governments are assigned all powers, there is a single point of decision-making. In federal states, with devolved constitutional powers, decision nodes exist at two (and sometimes three) levels. Countries are federations either because they are big, or diverse (or both), or because of historical factors. No two federations are alike because their institutional arrangements were developed in response to specific historical, social, and political realities (Watts 2008). But the pandemic has highlighted the importance of intergovernmental coordination in the management of the crisis across almost all case studies in the volume. As we will see below, the effectiveness of intergovernmental cooperation has varied greatly across cases based on the robustness of the mechanisms for interaction.

COVID-19 is more than just a public-health crisis. Not only have governments been required to contain the spread of COVID-19 infections, but they have had to balance containment with preventing their economies from plunging into a death spiral, as well as coping with the social aspects of the pandemic. The economic dislocation caused by the crisis has had a massive impact on lives and livelihoods everywhere. This has required governments to step in with enormous income support programs.

Further, the economic disruption also had a disastrous impact on public finances everywhere and governments had to rapidly pivot in the direction of Keynesian fiscal policy aimed at providing both income support and stimulus to raise aggregate demand (Gravelle and Marples 2021). The experience of the last year has demonstrated that no one order of government can cope with a crisis of this magnitude on its own.

In this chapter, we offer a summary of observations based on the cases studies covering the 2020 calendar year. First, we identify trends in how countries differed in their response to the challenges posed by the COVID-19 pandemic. Second, we summarize how COVID-19 has affected the practice of federalism in our case studies. Third, we identify areas for further research. In recognition of the fact that the pandemic is ongoing at the time of writing, our observations are preliminary and limited to the first year of the pandemic.

27.2 Three trends

In this volume, we examined experiences from 23 federal and devolved countries as well as one supranational entity, the European Union. The cases cover both established and emerging federations from the Global North and South and countries with varied institutional structures, including presidential and parliamentary systems of government. Some federal countries have a rather clear division of competences between orders of government (often referred to as “dual federations”), while others are marked by a high degree of overlapping powers (known as “integrated federalism”) (Watts 2008). Other cases, such as Italy, Spain, South Africa, United Kingdom, and the European Union, are multilevel government systems that display features of both federal and unitary systems (Anderson 2008).

In most federal countries, health care is one of the policy areas usually assigned to sub-national governments. The exact nature of this assignment is shaped by the differing needs and expectations of citizens as to how a health system should be managed (Majeed, Watts and Brown 2005). Even where health care is a concurrent power, sub-national governments (constituent units and local governments) are critical players on the frontlines of pandemic management in areas such as provision of clinical services, enforcement of public health measures, and lockdowns. Federal governments have important regulatory oversight of pharmaceuticals, the ability to close international borders and, most importantly, the fiscal tools required to respond to the health and economic impacts of the pandemic (Marchildon and Bossert 2018). Given the acute shortages of personal protective equipment (PPE) and life-saving supplies during the COVID-19 crisis, federal authorities have played an important role in coordinating the procurement and allocation of scarce resources. More recently, federal governments (and, in the case of the EU, a supranational entity) have taken the lead in certifying and securing vaccine supplies from national and global suppliers.

In the majority of cases, governments attempted to control the spread of the virus by imposing lockdowns. But not all countries implemented lockdowns of the same scale or severity. The debate in several countries revolved around the economic costs of imposing restrictions on commercial activities. This difference in responses is to be expected given the heterogeneity of the countries covered in this book, as well as the political imperatives and economic as well as social concerns that confronted decision makers in each country. Indeed, after the first wave, many countries began to gradually reopen their economies to make up for lost output, or at least to forestall further

economic damage. Some countries in 2020 had to deal with a second wave (Australia, Austria, Belgium, Canada Germany, Nigeria, Pakistan, Russia, South Africa, Spain, Switzerland, United Kingdom, European Union), or even a third wave (Italy).² The table below shows that during 2020, there was considerable variation across countries in outcomes.

In summarizing the cases in the volume, three broad patterns of responses can be identified:

- National Government Dominated Response: Ethiopia, Italy, Kenya, Malaysia, Nepal, Nigeria, Pakistan, Russia, Spain, South Africa, United Kingdom.
- Strong Collaboration and Coordination between Orders of Government: Argentina, Australia, Austria, Canada, Germany, India, Switzerland.
- Weak Collaboration between Orders of Government: Belgium, Bosnia and Herzegovina, Brazil, Mexico, United States, the European Union.

27.2.1 National government dominated response

This category covers a very heterogeneous group of countries. Some are not constitutionally federal (Italy, Kenya, Spain, South Africa, United Kingdom), even though they may have multilevel institutional arrangements that allow them to function like federal systems. In the other cases (Ethiopia, Malaysia, Nepal, Nigeria, Pakistan, Russia) there are federal systems which are highly centralized either because the constituent units have poor administrative competence, or their fiscal capacity is constrained, or both. Consequently, in all these countries, federal governments dominated the response to COVID-19. In some cases, constituent units were not consulted on the measures to respond to the pandemic, while in others the constituent units were too weak to push back against national/federal policies.

Following the first COVID-19 cases in **Ethiopia**, both the federal and state governments took measures to prevent a wider outbreak of infections. Under Article 51(3) of the 1995 Constitution, public health falls under concurrent competences of the federal and state governments. Hence, federal agencies such as the Ministry of Health imposed checks and restrictions on international travel, and Ethiopian Airlines was forced to gradually suspend all international flights, save for cargo flights. The federal government closed all federal offices and asked all non-essential federal employees to work from home. At the same time, the states and some local governments placed restrictions on public movement. Bahr Dar, the capital of Amhara state, imposed a two-week lockdown on 31 March 2020. Several cities, such as Adama and Assela in Oromia, also suspended all public transportation. Tigray state was the first and the only state to invoke a state power to impose a state of emergency. Deterioration of relations between the federal government and Tigray eventually led to armed confrontation and a humanitarian crisis. Zemelak Ayele notes that in the absence of formally established intergovernmental relations fora in Ethiopia, coordination between the states and federation was initially ad hoc. With the exception of Tigray, intra-party relations offered an informal communication channel between state and federal leadership which facilitated discussion of policy measures. A federal state of emergency was proclaimed in April 2020 and expired in August 2020. State and federal authorities were faced with difficult choices between keeping the economy closed to protect public health and protecting livelihoods in a very poor country. The Federal

Ministry of Health emerged as the major locus for policy coordination during the middle of 2020 and, together with the Ministry of Peace and National Disaster and Risk Management Commission (NDRMC), formulated nationwide policies to combat COVID-19. Despite this top-down approach, authorities at the *woreda* and city level, who are responsible for providing primary health care, were important conduits for managing the pandemic.

In Italy, a “federal country without federalism,” as Francesco Palermo writes, the national government declared a “state of emergency” in the early stages of the pandemic.³ Thus, the national government took charge in responding to COVID-19. Although the regions, Italy’s constituent units, were consulted prior to the adoption of national regulations designed to address the challenges created by the pandemic, they could not oppose measures taken by the national government. There was some flexibility for regional governments to adopt their own regulations, although only within the framework of national legislation or in the event they wished to introduce stricter rules than the national measures. Accordingly, in the early phases of the pandemic, the governance response produced a strong centralization of powers, moving authority from the regions to the center. When in May 2020 the government eased the lockdown, the role of the regions grew in relation to the lifting of national regulations, thus triggering a process of shifting responsibilities back to the regions. Indeed, a few regions began to adopt their own laws to cope with the pandemic. The process of easing the lockdown and opening the economy was primarily governed by a plethora of executive orders and regulations issued by both regional and local governments. This led to confusion because there was no coordination between the regional governments in the creation of these regulations. It also triggered conflict between the national government and various regions with regard to the constitutionality of certain measures, as there was no clarity about the distribution of emergency powers.

Rose Osoro and Victor Odanga note in their chapter that centralized decision-making was also a feature of Kenya’s response to the pandemic. Kenya, like Italy, is not a classical federal country but instead a formally unitary country exhibiting strong decentralized or devolved features. Health, for example, is a fully devolved function. While health policy and standard setting is in the hands of the national government, the counties – Kenya’s constituent units – bear the constitutional responsibility for health functions. In this context, the national government established a national coordination committee which strictly centralized the overall response process, leaving county governments to implement the national directives. Further, the committee partially drew on and re-established administrative structures which existed before the promulgation of Kenya’s current 2010 constitution. This essentially set up parallel national government structures to ensure control of the response process by the center. Even though Kenya, as the authors explain, has an elaborated system of intergovernmental cooperation both vertically (through the Senate) and horizontally (through the Council of Governors), in terms of policy making, those institutions did not play a significant role during the initial phase of the pandemic. While later intergovernmental relations between the two orders of government strengthened in terms of coordination of processes and communication, the greatest missing link was the (under)resourcing of county governments. The great vertical fiscal imbalance and the underfunding of counties proved a great challenge for Kenya’s counties in their efforts to implement policies to combat COVID-19.

Malaysia, as Tricia Yeoh notes, may be considered a highly centralized federal system. It was therefore not surprising that the country's federal government employed a top-down approach in attempting to manage the pandemic. In 2020, Malaysia experienced three waves of infections, with the hardest hitting the country at the end of the year. At the outbreak of the pandemic, the federal government responded early, issuing national laws and strict lockdown measures such as the Movement Control Order (MCO). The MCO, which came into force on 18 March 2020, mandated that only "essential" industries would be permitted to operate. The top-down approach employed by the federal government produced conflict with Malaysia's states, particularly in circumstances in which state governments were not consulted prior to decision-making. This was especially the case when the federal government abruptly announced that restrictions on movement and the economy would be relaxed, giving only three days' notice. Nine state governments in total reacted immediately, stating they would either not follow (Kedah, Sabah, Pahang, Penang, Kelantan, and Sarawak) or not fully comply with the new rules because they felt that the easing of restrictions by the federal government was premature. Despite the centralized nature of the response to COVID-19, many states also adopted their own measures in response to the pandemic, independent of the federal government. Several states supplemented federal aid from their own meager financial resources by providing transfers and food aid for the vulnerable, or by deferring or waving bills. Many states also relied on their own resources to conduct testing and contact tracing. This seems to indicate that if sub-national governance autonomy and decentralization in the country is to be strengthened, it is most likely to occur through a bottom-up rather than a top-down approach.

After the abolition of the monarchy in 2008 and a period of civil war, **Nepal** became a federal country in 2015 with the adoption of its new constitution. The country remains in transition, with competences still being transferred to the provinces and localities. Provinces and local governments have only limited administrative capacity and depend heavily on fiscal transfers from the federal level, particularly for health infrastructure and human resources. In this context, as Puspita Raj Kadel writes, when COVID-19 hit Nepal, the federal government adopted a centralized approach providing little room for provinces to influence the pandemic response. The government established by executive order a new ad-hoc decision-making committee under the authority of the Deputy Prime Minister to respond to the crisis. In spring 2020, the federal government ordered a nation-wide lockdown including restrictions on international (initially) and domestic (subsequently) travel. While the main decisions were taken by the federal authorities, intergovernmental cooperation did occur vertically between the federal government and provinces, as well as horizontally between provincial governments, and again vertically between the provincial and local governments. This was beneficial in managing the quarantine and isolation centers and facilitated the sharing of good practice and lessons learned in controlling the spread of COVID-19. Though Nepal's federal system managed to design and implement policies to mitigate the fallout of the pandemic, the response suffered from a lack of clarity about roles and responsibilities among the three orders of government, and the poor administrative capacity at provincial and local level, in terms of both human and financial resources.

Similar to many other countries on the African continent with a relatively young population, **Nigeria** got off relatively lightly in 2020. Julius Ihonvbere notes that while

the Federal government reacted quickly to the crisis, states and local governments were caught unawares. Lagos state was the only exception where the governor recognized the potential for human and economic devastation. Some state governors as in Cross River refused even to order lockdowns. In terms of responses to COVID-19, the Nigerian system operated more like a unitary rather than a federal system. The states and local governments largely sat back and waited for federal leadership. The federal government had full authority over funds, programs, and policies. As reflected by the installation of the COVID-19 Presidential Task Force (PTF), backed up by the National Monitoring Committee as well as the National Centre for Disease Control (NCDC), the federal government's management of the pandemic emphasized the structural tendency for political power to be exercised hierarchically in Nigeria. The federally initiated national and interstate shutdown was enforced by federal police and the army. As Julius Ihonvbere explains in his chapter, the generally poor government communication infrastructure between the states, regions, and local communities was only topped by that of the barely existing interstate and intercommunal communication. Widespread acceptance of conspiracy theories surrounding COVID-19, stigma concerning patients who had recovered from the disease, and a general belief in informal treatment severely impeded both testing on a voluntary basis and the federal government's efforts to raise public awareness of and provide education on the virus. The local governments' indifference to crisis response in any shape or form, and their tendency to take action in a lethargic manner only when the state government demanded, further entrenched centralization already evident in Nigeria.

In **Pakistan**, as Sameen A. Mohsin Ali writes, the initial months of government response to COVID-19 were characterized by inaction and the downplaying of the health crisis by federal authorities, especially by Pakistan's Prime Minister Imran Khan. Guided by the National Institute of Health's National Action Plan, and with support from the Ministry of National Health, the provincial governments stepped up to create task forces. These bodies in turn planned and coordinated the enforcement of varying degrees of lockdown, the establishment of economic relief packages, the building of testing capacity, and the launch of information campaigns and designation of facilities for treatment. Local communities remained out of the policy loop and disorganized in their efforts as a result. Sidelining the vacillating federal executive and working with the provincial governments, Pakistan's military leadership, an autonomous actor in its own right, stepped in, pursuing a full lockdown strategy as of April 2020 in accordance with the provinces' Chief Ministers. This move prompted the federal government back into action, as it tasked the newly created National Co-ordination Committee, backed by the National Command and Operations Centre and including the Inter Services Intelligence, with the responsibility to deal with the pandemic. Intergovernmental relations and coordination between the federal government and the provinces, as well as between the provinces themselves, was entrusted to the National Disaster Management Authority. Interprovincial sparring over response measures and controversial Supreme Court rulings impeded effective civilian control and oversight of the crisis management measures. According to the author, the newly centralized management, with its adopted 'Smart Lockdown Strategy,' produced promising results.

Following reforms undertaken in the mid-2000s that altered the governance dynamics of the country, **Russia's** response to the pandemic played out against the background of an already centralized federal system, writes Nataliya Golovanova.

Growing regional debt, in addition to the consequences of the 2008 financial crisis, intensified the power imbalance in the relationship between the federal government and the 85 constituent units in favor of the former. The crisis took a major toll on the country and some reports at the end of the year suggest that the real casualty figures are significantly higher than originally reported.⁴ The federal government determined how much power was delegated to the federated entities to tackle the pandemic during both waves of COVID-19 the country experienced in 2020. Austerity measures enacted by the Russian Federation, in the form of ‘Optimization Programs,’ required prior approval by the federal government of regions’ stringently planned processes for the provision of health care. The federal government established the Coordination Council in March 2020 to guide communication between all orders of government in pursuing the Russian Federation’s “Priority Plan:” supporting the public with goods; securing economic relief for businesses; and filling gaps in regional budgets. Fearing an abrupt halt to federal funding, regional governments were eager to remain at the federal government’s heel. Though the federated units had the legal powers to enforce measures in response to COVID-19, the April 2020 Presidential Decree by the federal government – which emphasized that the implementation of such measures was an independent decision on the part of the governors – pressured the heads of the constituent units to interpret the legislation as an order rather than an option. Since the decree made governors personally responsible for managing the outbreak, some quit while others resorted to excessive measures such as banning people from walking the streets of Moscow.

Contrary to its origin as a unitary state with a long-standing centralist tradition, **Spain** has since the 1980s developed its own territorially based model of federalism, explains Mario Kölling. The belated and slow reactions of the state and its 17 constituent units, the Autonomous Communities (ACs), during the COVID-19 crisis have laid bare the structural shortcomings of this model. Vertical intergovernmental coordination instruments and joint decision-making bodies were insufficient to respond to the pandemic appropriately, and horizontal intergovernmental coordination is virtually non-existent. When the pandemic hit Spain, most ACs turned to and accepted the central government’s authority in managing the crisis when Prime Minister Sanchez declared the first national state of alarm. The central government also took over decision-making in the National Health Service (NHS) and in the course of the first wave of the outbreak – during which the national state of alarm was extended six times – only gradually ceded the power to deal with the pandemic back to the ACs. Inter-regional coordination on pandemic control got off to a slow start and was initially conducted through the Inter-Territorial Council for the NHS and other sectoral conferences. However, the Conference of Presidents – which brought together all the heads of government – met during the state of alarm on a weekly basis. During the second wave, which started in autumn 2020, the ACs demanded a new nationwide state of alarm in order to obtain the legal power to impose more severe social restrictions. The second state of alarm was implemented in a more decentralized manner, primarily managed by the ACs.

As Nico Steytler and Jaap de Visser argue, **South Africa**’s constitutional, financial, and political reality makes the country a “unitary state with federal features.” Not surprisingly, the tendency for events to produce centralizing governance reflexes is prevalent in South Africa, particularly in times of crisis. Accordingly, in March 2020, the national government declared a national state of disaster, allowing it to issue

country-wide regulations. South Africa's constituent units, the nine provinces, are almost entirely dependent for their operations on fiscal transfers from the national government, and the COVID-19 response further enhanced the already dominant role of the national government. The centralized reaction to the crisis is reflected in the administration of the economic response to the pandemic; less than 10 percent of the social and economic relief package was channeled through the provinces. The relevance of provinces (and local governments) only came to the fore in the government's "risk adjusted strategy," which theoretically enabled differentiation across provinces depending on the infection rate. Indeed, the infection rates differed vastly between provinces. However, this differentiated strategy to respond to the pandemic was never implemented and, thus, the potential benefits of multilevel government to produce tailor-made responses was not exploited. Although key policy areas in the response to the crisis such as health, disaster management, education, and social welfare are concurrent responsibilities, actions were decidedly centralized with little cooperation and coordination between orders of government. Instead of relying on existing institutions for intergovernmental relations, the national government established new structures and concentrated power in an informal cabinet committee, the National Coronavirus Command Centre, which had no provincial or local government representation.

In 2019, the World Health Organization (WHO) ranked the **United Kingdom** as the second-best prepared country to respond to a pandemic. However, as Clive Grace notes, policy errors on the part of the national government led to huge health consequences and economic damage. The response to COVID-19 was led primarily by the Government of the United Kingdom. Despite their powers in key areas of domestic policy and service delivery, the devolved governments of Scotland and Wales, and the Northern Ireland Assembly, had very limited influence in shaping policy. Collaboration between the national government and those in the devolved nations and local governments was very limited. The key coordinating mechanism for national emergencies in the United Kingdom is referred to as COBRA (**Cabinet Office Briefing Rooms**). The devolved nations had access to COBRA and did play some part in the pandemic response. The delayed measures that the UK government took to deal with the pandemic, however, rendered the situation so critical that the devolved governments had no scope for crafting tailored policy. Their influence increased once governments began to discuss how to ease lockdowns. For example, the Welsh Government declared that it was working in collaboration with the United Kingdom's other governments to take an aligned approach where it was beneficial to do so, coordinated by the UK government through meetings of COBRA. However, the power to impose a lockdown in Wales rested ultimately with the Welsh Government, which determined how it should be implemented in line with its responsibility for health and social care in the country. The author concludes that overall the response to the pandemic reflected the fundamentally centralist character of the UK government, associated with its political culture and history and the sheer weight and dominance of England.

27.2.2 Strong collaboration between orders of government

In a number of countries both federal as well as constituent unit governments recognized the urgency and necessity of working together to deal with the crisis. In these cases, the federal government played an important role as facilitator and coordinator for marshalling scarce resources to deal with the immediate health emergency and

subsequent socioeconomic fallout of the pandemic. This is not to suggest that federal and sub-national authorities agreed on all policy issues all of the time, but rather that they remained engaged with each other in managing and seeking solutions to the crisis. In Argentina, Australia, Austria, and India, governments (federal and constituent units) disagreements between national and constituent units did sometimes end up in court. Countries in this category, on the whole, had better outcomes (see Table 27.1).

In **Argentina**, at the very start of the crisis, the President consulted with governors to define the duration and scope of early social distancing measures. Ultimately, these types of decisions were delegated to the provinces. The federal authorities also worked with the provinces to build up the diagnostic capabilities of the sub-national units and establish criteria for distributing scarce medical equipment and supplies among them. The federal government and the province of Córdoba worked with the country's main producer of ventilators to ensure that these vital pieces of equipment would not be exported. The Federal Council for Healthcare, which was created in 1981 to facilitate coordination between federal and provincial health ministries, emerged as the main forum for decision-making during the year. Also evident was considerable horizontal cooperation among provinces, including among those ruled by opposing parties. For example, the governments of the City and the Province of Buenos Aires established a special board to coordinate a range of public health measures, while another province – Córdoba – made spare medical resources (emergency doctors) available to other provinces. Certainly, there were also numerous disagreements, such as when a dozen provinces unilaterally closed their borders, and one expelled foreign citizens from their province. Despite its poor financial state, early on the federal government implemented a series of economic measures – representing approximately 5 percent of GDP – to backstop the economy and support the provinces. Matías Bianchi notes in his chapter that given the structure of Argentine federalism, where provinces have extensive responsibilities but weak finances, collaboration was essential in the first phase of the fight against COVID-19.

Australian dualism is reflected in the fact that while the Commonwealth (federal government) is provided sweeping regulatory powers under the emergency *Biosecurity Act 2015*, the States have primary responsibility for public hospitals, the government school systems, and the police and emergency services agencies. Consequently, the Commonwealth continued to acknowledge that primary responsibility for the management of communicable disease emergencies lay with the constituent units (states and territories). Not surprisingly, during the early stages of the outbreak, the two orders of government worked cooperatively to contain its spread. While the Commonwealth closed the country's borders to international travel, four of the six States closed their domestic borders. The States simultaneously invoked measures to limit gatherings, close restaurants, and restrict other services. Australia's intergovernmental arrangements, especially COAG, had laid the basis for coordinated action where needed. Hence, its transition into a "National Cabinet" comprised of the Prime Minister and State Premiers was seamless. However, as Alan Fenna explains, the Commonwealth's insistence on minimizing fiscal and economic damage and the States' preoccupation with minimizing infection did provide points of disagreement. The author further notes that, aside from in some specific operational areas such as aged care, close coordination was not necessary. The Commonwealth's acceptance of the national principles that recognize the sovereignty of States and Territories to implement policies according to local circumstances made for a largely harmonious

Table 27.1 COVID-19 Outcomes in Different Countries as of 10 January 2021

<i>Country</i>	<i>Cumulative Cases</i>	<i>Cumulative Cases per 100,000 Population</i>	<i>Cumulative Deaths</i>	<i>Cumulative Deaths per 100,000 Population</i>	<i>Case Fatality Percentage</i>
Argentina	1,703,352	3,768.8	44,273	98.0	2.6
Australia	28,582	112.1	909	3.6	3.2
Austria	378,110	4,198.2	6,614	73.4	1.7
Belgium	664,261	5,731.5	20,069	173.2	3.0
Bosnia and Herzegovina	115,379	3,516.8	4,305	131.2	3.7
Brazil	8,013,708	3,770.1	201,460	94.8	2.5
Canada	644,348	1,707.2	16,707	44.3	2.6
Ethiopia	127,792	111.2	1,985	1.7	1.6
Germany	1,908,527	2,277.9	40,343	48.2	2.1
India	10,450,284	757.3	150,999	10.9	1.4
Italy	2,257,866	3,734.4	78,394	129.7	3.5
Kenya	98,184	182.6	1,704	3.2	1.7
Malaysia	133,559	412.7	542	1.7	0.4
Mexico	1,507,931	1,169.5	132,069	102.4	8.8
Nepal	264,521	907.9	1,912	6.6	0.7
Nigeria	97,478	47.3	1,342	0.7	1.4
Pakistan	499,517	226.1	10,598	4.8	2.1
Russia	3,401,954	2,331.2	61,837	42.4	1.8
South Africa	1,214,176	2,047.2	32,824	55.3	2.7
Spain	2,025,560	4,332.3	51,690	110.6	2.6
Switzerland	475,604	5,495.4	7,545	87.2	1.6
United Kingdom	3,017,413	4,444.8	80,868	119.1	2.7
United States	21,761,186	6,574.3	365,886	110.5	1.7
European Union	17,292,252	3,892.5	373,777	84.1	2.2

Source: Cases and death rates as reported by the Johns Hopkins University Coronavirus Resource Center 19 January 2021

World Health Organization Weekly epidemiological update – 12 January 2021. Geneva: WHO, 2021. Available from <https://www.who.int/publications/m/item/weekly-epidemiological-update>

working relationship. This is particularly relevant given Australia's political and physical geography, which due to its size and sparse population lends itself to the kind of decentralized response federalism permits. The important issue is that both orders of government recognized the threat from COVID-19 and remained committed to tackling the crisis effectively.

Under **Austria's** constitution, the country is organized as an integrated federation underpinned by cooperative federalism. This implies that jurisdiction on health matters is shared between the Federation and the nine *Länder* (States). The Federation has the competence to pass and execute laws concerning public health, including pandemic prevention, except in the area of the organization of hospitals and municipal sanitation. Peter Bussjäger and Mathias Eller point out that in practice the federation relies on the *Länder* to administer federal laws, making the system highly interdependent. When the Federation used its powers to impose severe restrictions in Austria during the first wave of the pandemic, it did so with the concurrence of the

states. Daily video conferences between Federal and the *Land* administrations helped coordinate policy and relief measures. As a result of this interaction, Austria was able to customize its response to deal with the needs of specific regions. For example, Tyrol, the worst affected *Land* at the start of the crisis, was able to enact more stringent regulations than those implemented by the Federal Government. The *Länder* relied on their district administrations to administer a range of public health measures. As elsewhere, there were tensions in the working relationship between the orders of government, particularly around the severity and scale of the restrictions. In Vienna for example, the city opened its parks to the public, while those owned by the Federal Government remained closed. Indeed, over the summer, the Constitutional Court struck down some severe restrictions imposed around the country. This prompted the establishment of the new “traffic light-system,” from the beginning of September 2020. This new virus control mechanism was developed with the participation of the *Länder* as a way to develop regionally differentiated policy responses. In the face of a new wave in September, *Länder* found themselves inadequately resourced. Consequently, they had to call on the federal military to help enforce COVID-19 regulations. Despite Austria’s very centralized federal structure, the important role of the *Land* authorities in executing regulations was at the heart of the country’s COVID-19 response.

André Lecours, Daniel Beland and Jennifer Wallner note in their chapter that **Canada** is one of the world’s most decentralized federations. Provinces have constitutional responsibility over public health and thus were on the frontline in managing the crisis. Crucially, this included overseeing the health care system and long-term care homes; regulating lockdown measures; and controlling movement into and on their territory. As constitutionally mandated, the federal government regulated international travel and the border with the United States. It also oversaw vaccine development and procurement efforts. The federal government played an important role in providing human and financial resources to support provincial efforts. First, at the request of the Québec and Ontario governments, it deployed members of the Armed Forces in the provinces’ long-term care homes. Second, it put in place a very comprehensive fiscal response focused on mitigating the economic impact of the pandemic, including income support, unemployment support, and wage subsidies. Provinces were generally receptive to these temporary programs, even if they were sometimes given little forewarning before their announcement and implementation. Some provincial governments put in place their own complementary assistance programs. The existence of a dense network of federal–provincial relations (especially at the bureaucratic level) facilitated much intergovernmental collaboration. The collapse of sub-national finances in Canada raised the specter of centralization as the federal government stepped in to backstop the provinces. However, this concern largely dissipated as the provinces doubled-down to demand unconditional increases in federal transfers for health care (Béland and Marier 2020). Like Australia, Canada is a continental sized country with a sparse and diverse population. Given the differentiated impact of the pandemic across and within provinces, federalism was an important tool for Canada to find customized solutions.

Cooperation and coordination is the defining feature of **Germany’s** integrated system, note Sabine Kropp and Johanna Schnabel. Consequently, the 16 states (*Länder*) and federal government reacted swiftly to the COVID-19 crisis in unison. While responsibility for infectious disease is vested with the *Länder* as part of their emergency

management responsibilities, “measures to combat human and animal diseases which pose a danger to the public or are communicable” are concurrent powers (Article 74 of the Constitution). The German constitution allows the federal government to pass legislation regulating the response to an epidemic or pandemic, which it did by adopting the *Protection against Infection Act* 2001. At the very start of the pandemic, the worst affected *Länder* enacted unilateral restrictions. However, the federal government quickly followed suit in order to coordinate the response to the COVID-19 outbreak. The chancellor and the premiers met on a weekly basis to coordinate the introduction of measures such as: social distancing; a ban on mass gatherings; and the closure of bars, restaurants, shops, and theatres. Germany’s dense network of inter-governmental relations proved resilient through the various phases of the pandemic. During the first phase, *Länder* were more willing to follow federal recommendations in determining the scale and severity of restrictions. After the first phase, there was greater initiative on the part of the *Länder* with respect to reopening the economy. The federal government came to accept that this differentiated response was more useful provided the *Länder* activated restrictions if infection rates increased above a certain threshold at the district level. Furthermore, sectoral intergovernmental fora, such as those of education ministers, allowed the *Länder* to horizontally coordinate regional approaches to a resumption in public life. Germany’s coordinated approach and robust health care system ensured that the country’s hospitals were never overwhelmed by the pandemic during 2020.

As in other dualist federations, in **India** no single jurisdiction had the constitutional competence or operational capability to deal with the pandemic on its own, as Rekha Saxena and Rounak Pathak explain. In India, health care is assigned to state governments. However, under the *Epidemic Diseases Act* 1897 and the *Disaster Management Act* 2005, the federal (Union) government is mandated to play a coordinating and supporting role. While the state of Karnataka was the first to invoke public health measures against COVID-19, Union support quickly followed as the states of Haryana, Maharashtra, Delhi, and Goa began to implement their own virus controls. Following the ‘notification of the disaster’, the Union government imposed a nationwide lockdown in late March 2020. While the states were unhappy about a lack of adequate discussion on this matter, the frequent video consultations between the Prime Minister and his state counterparts following the lockdowns saw an unprecedented level of intergovernmental interaction by the first ministers. As a result of these consultations, state governments obtained greater leeway in managing their own affairs. The states in turn relied heavily on their municipal and district administrations to test and isolate affected populations, allowing for graduated resumptions of economic activity across the country. However, the Union government continued to play an important role. Intergovernmental relations during this period were not free of conflict and the Supreme Court was called to settle some disputes. On the whole, the Union government’s financial backstopping of state finances has raised the prospect of greater fiscal and policy centralization in the near term. The Union government did come under criticism for not offering the states a larger fiscal package. A better-than-expected economic recovery, with record GST collections in January 2021, may help states.⁵ However, as the authors note, even the Prime Minister is on record admitting that without the coordination and cooperation between various levels of the government, containment would not have been possible.

Switzerland is a decentralized federation with the constituent units (*cantons*) possessing wide-ranging legislative and fiscal powers. However, the system also affords a degree of integration, as the *cantons* are also responsible for implementing the majority of federal laws. Prior to the pandemic, Switzerland had enacted a new “Epidemics Act” (EpidA) in early 2016. This new law, Sean Mueller, Rahel Freiburghaus, and Adrian Vatter note, was motivated by the SARS outbreak and a desire to address new challenges posed by global mobility. The EpidA distinguishes between “normal,” “special,” and “extraordinary” situations, which in turn has implications for how tasks are divided between the federal government and the 26 *cantons*. Under “extraordinary situations” decision-making becomes highly centralized. The Federal Council, the highest executive authority in the country, unilaterally determines whether an existing situation is deemed to be either ‘special’ or ‘extraordinary.’ The Federal Council declared that Switzerland was in a ‘special situation’ on 28 March 2020. Two weeks later, the same body upgraded it to an ‘extraordinary situation,’ allowing the Federal Council to establish measures necessary to control the spread of the virus for any part of the country, or the whole country. As the pandemic unfolded, the Federal Council consulted with the *Conference of Cantonal Directors for Health* (GDK), which has statutory representation in the coordinating body of the EpidA, as well as the *Conference of Cantonal Governments* (KdK), which was represented in the Federal Council’s main “crisis unit” (“*Krisenstab des Bundesrats Corona*”). Despite the centralized but consultative approach to decision-making, it was the *cantons* which were (and continue to be) responsible for implementing rules and restrictions. The authors also note that the federal government worked closely with the *Cantons* to support affected businesses, coordinating with the Swiss National Bank and commercial banks to provide income support, including interest-free loans.

27.2.3 *Weak collaboration between orders of government*

The cases in this category are characterized by uncoordinated responses vertically and horizontally between jurisdictions in these countries. In each of these cases, federal and constituent unit governments were often at odds over policy. In some cases, states/provinces competed with each other to secure supplies and equipment to deal with the pandemic. This impeded the development and implementation of a national response to the crisis. As shown in Table 27.1, cases in this category had uniformly poor outcomes when measured by deaths per 100,000 people.

A formerly unitary country, **Belgium** began to federalize beginning in 1970 and has since evolved, through various stages of constitutional reform, into a highly competitive federal system, as Peter Bursens, Patricia Popelier, and Petra Meier write. The complexity of Belgium’s federalism is reflected in the country’s overlapping constituent units. These consist of linguistic communities based on the country’s three official languages, as well as three geographic regions. The composition of Belgium is a historic product of largely economic interests, with communities and regions having exclusive but also interdependent competences. In the first place, federalization in Belgium was never intended to promote intergovernmental cooperation – either vertically or horizontally – but instead designed to respond to demands from the constituent units for greater autonomy. The complex nature of Belgium’s version of federalism is echoed in the policy domain of emergency

management. Responsibilities are scattered across different government levels, creating a real patchwork and making collaboration between the various levels a challenge. In the first phase of the pandemic, this system prevented – at least initially – a coordinated government response, which was also partially attributable to the fact that the country had a caretaker government. As it became clear that the response to COVID-19 would require comprehensive and coordinated decision-making, the crisis proved to be the catalyst for the installation of a federal government with full powers to handle the pandemic. A so-called *federal phase* of crisis management was announced on 13 March 2020, implying that all decisions to fight COVID-19 were to be taken by a crisis management committee composed of the federal and regional governments as well as language communities. The competitive nature of Belgian federalism, the authors argue, with its duplication of functions, led to contradictory policies at different orders of government. As the pandemic continued, challenges in coordination and collaboration among government levels persisted, rendering the response to the pandemic partially ineffective.

As Nina Sajic argues, **Bosnia and Herzegovina** is a deeply divided, polarized, and fragmented country without a common vision. The country is marked by: the political rivalry between the country's two constituent units, the Federation of Bosnia & Herzegovina (FB&H) and the Republika Srpska (SR); tensions between those advocating for more centralization and those demanding more autonomy; and a lack of trust between key political actors at the federal and constituent unit levels. When the pandemic reached the country in March 2020 and a national emergency was declared at the federal level, it triggered the federated units into action. The more centralized SR reacted first by enforcing lockdown measures, coordinated by the ad hoc Emergency Situation committee headed by the SR Prime Minister. Throughout the crisis and its fluctuating severity, this committee managed most of the restriction and relief measures enacted. In the FB&H however, overriding policy power to respond to the crisis is decentralized and vested in the ten constituting *Cantons*. The government of the FB&H enacted an overarching “Corona Law,” but its interpretation, enforcement, and the extent of the measures implemented varied widely between the various *Cantons*. Intergovernmental relations in terms of horizontal coordination were virtually non-existent between the FB&H and the SR. Delays in the enforcement of restrictions as well as in the easing of controls prompted heated discussions between the two entities on several occasions.

The COVID-19 pandemic was confirmed to have spread to **Brazil** on 25 February 2020. Since health is a shared competence between all three orders of government, governors and mayors in the most affected states were the first to adopt measures to limit infections. State and federal executives differed on how the crisis should be handled. The federal government, concerned about the fragile state of Brazil's economic recovery, took time to evaluate the national threat from COVID-19 and minimize economic damage. As Eduardo Henrique Corrêa da S.P. Nêris and Rodrigo Ribeiro Bedritchuk write in their chapter, the federal government passed legislation specifying what kind of measures authorities could adopt concerning virus control and preventive health policies. As the pandemic progressed in Brazil, the federal government enacted social programs to relieve unemployment and supported sub-national units with extra financial transfers. The federal government also created the “Crisis Committee” to manage the outbreak. To facilitate intergovernmental communication

and coordination, the Special Secretariat for Federative Affairs (SEAF) instituted bi-weekly meetings with the Crisis Committees of the states. However, these councils and committees proved to be rather ineffective, which led to each level of government pursuing its own policies to manage the crisis. This triggered both conflict and confusion over whose regulations had precedence – the states' or the federations'. Consequently, many cases were presented to the Brazilian Supreme Court, and its rulings ultimately determined a top-down approach would be taken to pandemic management. Restrictions enacted at a higher level of government could not be challenged in degree of severity by a lower-level government. The first part of Brazil's response to COVID-19 was thus characterized by an uncoordinated and inefficient approach. It was only in the latter part of the response that institutions such as SEAF became engaged in trying to shape a more coordinated response. Bringing in the municipal governments was crucial since they are both constitutionally significant but also have wide-ranging responsibility for the delivery of services.

Mexico was among the countries very severely impacted by the COVID-19 pandemic in 2020, as measured by mortality. Competence for public health policy is shared between all three orders of government and the existing health care system is deeply fragmented, as Laura Flamand, Monica Naime, and Juan C. Olmeda highlight in their chapter. The lack of political will at the federal level to push for a collaborative response obstructed a coordinated and efficient management of the crisis. Following the first two recorded deaths of COVID-19 patients in March 2020, the Mexican effort to tackle the health crisis was led individually by the state governments. While the federal government did declare the pandemic a health emergency via the National Public Health Council, this did not entail binding legislation to be enforced by the states. In addition to the declaration, the federal government reallocated financial resources to an emergency fund, implemented measures for the reorganization of public and private hospitals to equip them for COVID-19 patient care and, from the end of March 2020, recommended social distancing as part of a national health campaign. By this point, 10 of Mexico's 32 governors had already closed education facilities in their states. Despite their heavy financial dependence on federal transfers, the states (some with outright opposition to federal policies in mind) extended closures to cultural venues and businesses, introduced restrictions on public gatherings, established punitive measures for failing to adhere to restrictions, and adopted their own testing procedures and economic relief programs. Disputes between the states and federal government continued to escalate with several governors calling for a revision of the 1978 fiscal pact, and in September 2020, nine governors left the National Conference of Governors.

The **United States** ranked first on the 2019 Global Health Security Index. Yet by all accounts the country performed very poorly in responding to the COVID-19 pandemic in 2020, as John Kincaid and J. Wesley Leckrone describe. While the federal government, including the US Centers for Disease Control and Prevention (CDC), began screening for COVID-19 as early as January 2020 and barred entry of foreign nationals traveling from China, President Trump pushed states to lead the COVID-19 response. Under the dualist structure of American federalism, health care is predominantly a state responsibility and the president made no effort to centralize executive decision-making authority. His administration also failed to formulate a cooperative federal-state-local plan of action. In the absence of apex-level

intergovernmental institutions, coordination relied largely on sector-specific bureaucratic channels, including the CDC and its state and local public-health counterparts. Consequently, state governors and their secretaries of health became the main COVID-19 communicators. The lack of a national policy on acquiring and distributing medical supplies induced competition for several months. States bid against each other in global markets for personal protective equipment, masks, and ventilators. Ultimately, states developed working relationships, where some governors concluded regional agreements on coordinating the reopening of their economies and purchasing arrangements for medical supplies. As large urban areas were hit badly by the pandemic, municipalities were at the forefront of providing services to affected populations as well as giving support to marginalized groups. Partisan polarization around the seriousness of COVID-19 and necessary relief measures made the situation worse. This is reflected by the country's high number of COVID-19 casualties in 2020.

The **European Union** is not a conventional federation but an international organization exhibiting federal features (Kincaid 1999). In her chapter, Christina Ares explains that the decision-making authority of the EU is limited because EU institutions can only execute those competences explicitly transferred to them by the Member States. The EU nonetheless responded reasonably quickly and on a broad policy front to the COVID-19 crisis, although at the beginning of the pandemic it failed to effectively coordinate national policies among its Member States. While the EU only plays a supportive role in public health policy, it was able to compensate by exercising its political influence in the areas of monetary and economic policy. It enforced immediate amendments to the EU 2020 budget and the Multiannual Financial Framework (MFF) of 2014–2020, redirected financial resources from the cohesion fund to the Coronavirus Response Investment Initiative (CRII) and CRIIPlus, and made loans available to Member States via the temporary support for unemployment emergency (SURE), the European Investment Bank, and the European Stability Mechanism. Most significant, however, was the announcement of EU's ambitious COVID-19 Recovery Plan, which amounts to €2,364.3 billion euros. Discussions conducted at the level of the Member States were vital to the successful bridging of differing stances on the nature of spending, the size of the funds made available for tackling the pandemic, and the form in which state aid is to be given – loans or grants. Particularly important were the talks at which the German and French governments sought to find common ground. Horizontal communication between the legislative and executive branches within the EU, as well as between the Member States themselves, however, remains an issue. Connecting the approval of COVID-19 response measures to the working plan and the priorities for the current institutional cycle 2019–2024 of the Commission proved a step in the right direction in this regard.

27.3 Common threads

While the broad categorization of responses above highlights the differences in the ways in which the countries tackled the crisis, and the political and institutional arrangements that shaped the approach, we can nevertheless also establish broad commonalities between the different case studies. Identifying these common threads enables us to draw preliminary conclusions about the impact that COVID-19 has had on the practice of federalism globally.

27.3.1 Adequacy of legislative and regulatory arrangements

Writing during the first half of 2020, Francesco Palermo (2020) noted that few federal countries declared the state of emergency, such as Australia, Ethiopia, and Mexico. Spain declared a ‘state of alarm’ and South Africa declared a ‘state of disaster’. In the United States, President Trump issued this first five-state disaster declaration in its history. In his analysis, Palermo writes that during the first part of 2020, pandemic management in a large number of federations like Argentina, Austria, Belgium, Brazil, Canada, Germany, Switzerland, India, Malaysia, Pakistan, and Russia was still being undertaken within the framework of ordinary public health and disaster management. However, by the end of the year, more and more countries found it necessary to proclaim states of emergency to deal with the pandemic. Such that by the end of 2020, only four countries – India, Malaysia, Pakistan, and the United Kingdom – had not invoked emergency measures. In countries such as Canada, Germany, Kenya, and Russia no national states of emergency were proclaimed but constituent units did proclaim local emergencies (Table 27.2).

Despite the proclamation of national emergencies in a vast majority of cases, in most countries, constituent units did not cede additional powers to national governments even if there were varying degrees of centralization in some spheres of decision-making. In 16 of 24 cases, constituent units did not cede any power to the federal government (See Table 27.3). It should be noted that in some of these countries like Malaysia and South Africa constituent units were already relatively weak to begin with (Majeed, Watts and Brown 2005). In five cases, significant powers were ceded (even if temporarily). For example, constituent units in Belgium allowed federal authorities to decide on the operation and organization of schools and cultural institutions, while the declaration of the ‘extraordinary situation’ according to Switzerland’s epidemic act allowed the federal government to strip the constituent units of their competences. In practice, the Cantons were integrated into the decision-making process and in the implementation of these decisions.

In Spain, the Autonomous Communities gave up authority over Internal Affairs, Transport, Urban Matters, and Health for a three-month period. In Italy,

Table 27.2 States of Emergency Proclamations by Level of Government

Country	National	Sub-national	None	Country	National	Sub-national	None
Argentina	X			Malaysia			X
Australia	X			Mexico	X		
Austria	X			Nepal	X		
Bosnia	X			Nigeria	X		
Belgium	X			Pakistan			X
Brazil	X			Russia		X	
Canada		X		S.Africa ⁶	X		
Ethiopia	X			Spain	X		
Germany		X		Switzerland	X		
India			X	UK			X
Italy	X			USA	X		
Kenya		X		Euro Union	X		

the state of emergency enabled the national government to seize the powers of the regions in all spheres deemed necessary, but in practice, this was limited to policies around the opening/closing economic activities and on movement and transport. The Nigerian case is unique where in accordance with the ‘Quarantine Act,’ states can only make regulations where the president fails to do so. This has allowed the federal government to undertake pandemic management measures as if Nigeria were a unitary state.⁷ In three countries, relatively limited powers were ceded to upper tier governments. In Austria, the *Länder* allowed the federal government to make procurements on their behalf, while in Kenya, the national government took over record-keeping of COVID-19 matters and resource mobilization, and in the case of the EU, Member States relied on it to oversee vaccine development and distribution.

27.3.2 *Increased Apex-level Intergovernmental Relations (IGR)*

It is well established in the literature that the development of IGR and coordination processes between different orders of government in federal systems can facilitate more effective and efficient policymaking and service delivery (Chattopadhyay and Whittington 2019; Poirier, Saunders and Kincaid 2015). Indeed, vertical and horizontal forms of coordination can facilitate the development of innovative policy action that would not otherwise be possible. In early 2020, a report by the World Health Organization reinforced this view when it concluded that coordination among the national and sub-national governments is the “first step of an effective response” (WHO 2020).

In the context of the public health and humanitarian crisis engendered by COVID-19, no single order of government had either the policy competence or the human, technical, or financial resources to deal with it alone. Therefore, both vertical and horizontal coordination became necessary. Tackling COVID-19 required all orders of government to do more than exchange data and information. Decisions on

Table 27.3 Powers Ceded by Constituent Units

<i>No Powers Ceded</i>	<i>Extensive Powers Ceded</i>	<i>Limited Powers Ceded</i>
1 Argentina	1 Belgium	1 Austria
2 Australia	2 Italy	2 Kenya
3 Bosnia	3 Nigeria	3 European Union
4 Brazil	4 Spain	
5 Canada	5 Switzerland	
6 Ethiopia		
7 Germany		
8 India		
9 Malaysia		
10 Mexico		
11 Nepal		
12 Pakistan		
13 Russia		
14 South Africa		
15 United Kingdom		
16 United States		

the scope and scale of lockdowns, as well as resumption of economic activities – while informed by science and data in most countries – were ultimately political in nature. Authors noted in 14 cases (Argentina, Australia, Austria, Belgium, Canada, Ethiopia, Germany, India, Kenya, Pakistan, South Africa, Spain, Switzerland, EU) that first ministers (heads of federal and constituent unit governments) met more frequently than in previous years.

For example, in Canada, the Prime Minister or his deputy met with provincial premiers almost weekly since the start of the COVID crisis. In comparison, this group had met only 16 times between 1993 and 2017. In Germany, the normally bi-annual meetings between the Chancellor and Minister-Presidents were convened bi-weekly at the beginning of the pandemic. Many of these countries, such as Austria, Australia, Canada, Germany, and South Africa, had well-established apex-level IGR mechanisms even before the pandemic (Poirier, Saunders and Kincaid 2015). But even countries where such mechanisms were underdeveloped, such as India and Spain, there were unprecedented levels of interaction through much of 2020. In Spain, where cooperation got off to a slow start, the Conference of Presidents ended up meeting more frequently in 2020 alone than it had in the previous 15 years. In India, the meetings between the Prime Minister and State Chief Ministers happened with much greater frequency than meetings of the Interstate Council over the last 20 years. Six cases (Italy, Malaysia, Nepal, Nigeria, Russia, and United Kingdom) in which authors noted no increased interaction between first ministers were countries where pandemic policy making was highly centralized. The importance of good IGR was particularly evident in the larger federations (population > 80 million), where greater coordination between orders of government resulted in better outcomes as measured in Cumulative Cases per 100,000 and deaths per 100,000 (Table 27.4).

It should be noted that, overall, the frequency of first ministers' meetings did not guarantee a particular outcome. The Belgian case is instructive in this regard where collaboration between orders of government remained weak. The increased frequency of meetings in the majority of cases underscores that in these countries national governments and constituent units saw each other as partners in the fight against COVID-19.

Table 27.4 Outcome in Large Federations (Pop.> 80 million)

<i>Country</i>	<i>Cumulative Cases per 100,000</i>	<i>Cumulative Deaths per 100,00</i>
Brazil	3,770.1	94.8
Ethiopia	111.2	1.7
Germany	2,277.9	48.2
India	757.3	10.9
Mexico	1,169.5	102.4
Nigeria	47.3	0.7
Pakistan	226.1	4.8
Russia	2,331.2	42.4
United States	6,574.3	110.5
European Union	3,892.5	84.1

Source: Extracted from Table 27.1

27.3.3 Executive federalism was the dominant mode of IGR, but...

Almost everywhere, the legislative basis for responding to epidemics or disasters empowers executive authorities (Dhar Chakrabarti 2015). The importance of first minister's meetings has been discussed in the previous section. The centrality of the executive, particularly, the federal or national executive, was even more in evidence in countries such as Italy, Malaysia, and Nigeria where the national government was at the forefront of pandemic management. In countries, where there were no or very weak pre-existing intergovernmental forums, such as the United States and Brazil, the Presidents periodically consulted with State Governors, even if they disagreed on policy prescriptions. For safety reasons, in several countries, it was not possible to convene regular sittings of national and constituent unit legislatures, which effectively remained in suspended animation. It took several months before parliaments migrated to virtual or mixed sittings in all countries, ceding policy space to national and sub-national executives in the meantime. In over half the cases (Bosnia, Belgium, Brazil, Germany, Italy, Kenya, Pakistan, Spain, South Africa, Switzerland, United Kingdom) national or sub-national legislatures expressed displeasure at being sidelined. But, in the case of the presidential federations (Argentina, Brazil, Mexico, the United States), legislatures played an active role in COVID policy. For example, early on in the pandemic, the Brazilian Congress declared a state of 'public calamity,' lifting the government's obligation to comply with the primary balance target, while the United States Congress was very active in putting together four COVID relief packages in Spring 2020.

In Austria, Australia, Brazil, Ethiopia, India, Italy, Pakistan, Spain, and the United States, a range of executive actions, particularly around the imposition of COVID-19 restrictions, were challenged in court. In most cases, the courts found in favor of decisions made by executives at the federal and constituent unit levels. The exceptions were Austria and the United States, where the court struck down specific restrictions.

27.3.4 Local government emerges as an important player

Over the course of 2020, it has become clear even in very highly centralized countries that sub-national governments, particularly local governments, have an important role to play in pandemic management. In many federations, even when local and metropolitan governments are not constitutionally recognized, as the order of government closest to the people it is seen as being the most responsive to community needs. In many countries, urban local governments also have a broad mandate coupled with significant financial and human resources which allow them to deliver key public services (Steytler 2009).

With the exception of five countries (Australia, Malaysia, Nepal, Nigeria, and Pakistan), local governments have been an indispensable part of national strategies to avoid blanket lockdowns which were the norm in most countries during early 2020. The near absence of local government as a player in these cases was largely a function of their limited mandates and capacity. In most of the other case studies, local governments (urban and rural) were at the forefront to enforcing local restrictions, organizing testing and tracing, and in some cases delivering COVID relief (India, Mexico, South Africa). Indeed, federal and constituent unit governments relied on local governments in Austria, Belgium, Brazil, Canada, Germany, Mexico, India,

Italy, and Spain to be proactive in implementing more stringent measures than those mandated by higher order governments in response to local public health conditions.

27.3.5 Erosion of sub-national fiscal capacity

The impact of COVID-19 on the global and national economies is stark. Extended shutdowns and job losses have destroyed livelihoods in many parts of the world. The International Monetary Fund (IMF) in its January 2021 World Economic Output projected that most major economies would perform poorly in 2020. Table 27.5 below illustrates the dire economic situation in some of the larger federations.

With the exception of a few federations such as Belgium, Canada, Switzerland, and the United States, constituent units in general raise very little of their own source revenue (Shah and Kincaid 2007). In the vast majority of federations, constituent unit taxation powers are limited, and they remain dependent on federal transfers either in the form of shared taxes, special purpose or ad hoc grants, or fiscal equalization payments. In countries such as Austria, Australia, India, and Nigeria, the states' share of value-added taxes (VAT/GST) represent a significant source of income for the states. In Canada and the United States where states can raise income taxes, sub-national revenues tend to be more buoyant (Kitchen, McMillan and Shah 2019).

However, in 2020, decreased economic activity and loss of jobs has expectedly led to lower revenue for all orders of government, in most countries. The impact, however, of this downturn is asymmetric. While federal revenues have been impacted, the fact that federal governments have the ability to monetize debt and greater fiscal capacity makes a huge difference to their ability to weather the economic storm. State and local governments, however, are much more vulnerable to economic shocks like COVID, and this is reflected in the fiscal deficit now facing the sub-national orders. The fiscal shock has not spared either the highly fiscally decentralized (e.g., Canada) or fiscally more centralized (e.g., Australia and Austria) federations. Our cases studies noted that in most countries federal governments stepped in with support packages

Table 27.5 Estimated Change in GDP in Percentage in 2020

Country	2020	2021
United States	-3.4	5.1
EURO AREA	-7.2	4.2
Germany	-5.4	3.5
Italy	-9.2	3.0
Spain	-11.1	5.9
United Kingdom	-10.0	4.5
Canada	-5.5	3.6
India	-8.0	11.5
Russia	-3.6	3.0
Brazil	-4.5	3.6
Mexico	-8.5	4.3
Nigeria	-3.2	1.5
South Africa	-7.5	2.8

Note: For India, data and forecasts are presented on a fiscal year basis, with FY2020/2021 starting in April 2020. World Economic Output, IMF, January 2021. Available from: <https://www.imf.org/en/Publications/WEO/Issues/2021/01/26/2021-world-economic-outlook-update> [Accessed 5 April 2021].

for constituent units. This support took different forms, ranging from enhanced lines of credit to special purpose grants. At the time of writing, Belgium, Bosnia, and Mexico were the only case studies where the federal government had not stepped up with additional resources.

Constituent unit revenues often declined more steeply than economic output. The scale of the crisis can be illustrated through a few examples. In May 2020, projections were released which indicated that Germany was predicted to suffer a year-on-year reduction in tax revenue of about 11 percent for the *Länder* and 15 percent for the municipalities (OECD 2020). The economy was projected to contract by –5.4 percent during the same period (Table 2). In India, even as the economy contracted by –8 percent, despite federal transfers, tax revenues of the 15 largest states declined by 14 percent during the April 2020–January 2021 period (Sahu 2021). Tombe et al. (2020) estimated that Canadian provinces were likely to see a \$35 billion shortfall in 2020/21, with knock-on effects on local governments. Budget documents from 2020 indicated Ontario expected to lose almost 10 percent of tax revenue in 2020, while the Canadian economy was expected to shrink by –5.5 percent (Government of Ontario 2020). At the time of writing, deferred tax collection in Austria was likely to result in a 12 percent decrease in states' revenues (OECD 2020). In the United States, Kincaid and Leckrone note in this volume, the National Governors Association requested \$500 billion in aid for state relief and the US Conference of Mayors requested \$250 billion more in direct aid to localities.

Predictably, in all cases, federal and national governments have announced considerable budgetary measures to help sub-national governments cope with the fiscal shocks. Federal and state governments have also provided fiscal assistance to municipalities to support their frontline work in providing basic services. These measures have taken the form of additional transfers to sub-national governments, tax deferrals, concessional loans, and income support measures. Even the EU has shown flexibility on the issue of new debt raised by Member States. Given that most transfers earmarked for COVID-19 relief have come in the form of special purpose grants, in some countries (such as the United States), political wrangling has vitiated policy making and further complicated pandemic management.

In the years to come, the primary challenge for sub-national governments, particularly local governments, will be uncertainty over which types of revenue streams are likely to recover. While it is too early to make a definitive assessment, local governments who rely on property taxes and fees appear particularly vulnerable if commercial properties remain unoccupied, or if commuters stop using public transit or parking in municipal facilities as a result of remote working becoming the norm. Given the IMF's expectation that economic output will remain below 2019 levels in most major countries at least into 2022, it is highly likely that sub-national governments will continue to suffer from fiscal constraints (OECD 2020).

27.3.6 *Laboratory federalism*

Various case studies corroborate the hypothesis that federalism can contribute to intergovernmental learning (Oates 1999) or 'policy transfers' based on *New State Ice Co. v. Liebmann*, 285 U.S. 262 (1932) (Dolowitz and Marsh 2000). All case studies provide evidence of policy transfers. Due to space constraints, we will illustrate this by highlighting one case from each region.

During the first phase of the pandemic, Argentina's Federal Council for Healthcare (COFESA in Spanish) provided a platform where states could work together to

create tools to link their information systems to the ‘DetectAr’ program (aimed at identification, detection, and tracing COVID-19 cases), and the integrated database system (SISA in Spanish), allowing them to monitor and locate stocks of medicines and equipment around the country. The chapter on Canada notes that the pandemic also marked the first time one saw the concerted use of social media to communicate intergovernmental responses to a major emergency, as well as community engagement tool by individual governments. Throughout the first wave of the pandemic, apart from Ontario, other provinces periodically imposed generalized border restrictions on interprovincial travel or requirements to self-isolate if visiting from another region in the country.

In Kenya, the Council of Governors (CoG) made significant strides toward the support of the most vulnerable in select counties through partnership with development partners. These measures initially included the provision of ‘dignity hygiene products’ for women in the reproductive age within quarantine/isolation facilities and supported by tele-counselors for manning hotlines in three counties. This became a template for future expansion. In India, Uttar Pradesh became one of the first states to rope in local governments to provide more granular approaches to quarantine and isolating infected wards. This approach eventually allowed states to take more responsive and graduated approach to imposing restrictions based on local conditions.

In Australia, Victoria’s strong quarantine measures in the early phase of the pandemic in response to errors made initially in the quarantining of overseas arrivals in the state, served as a template for others states to refine their own quarantine regulations. In another example from Australia, contact tracing methods employed in New South Wales which were considered to be effective were adopted by Victoria.

In Germany, early lockdown restrictions implemented in Bavaria, one of Germany’s most severely impacted *Land*, set the tone for Germany’s increased nationwide restrictions later in March 2020. Also, the City State of Berlin designed a so-called “traffic light system” consisting of three indicators: the reproductive value (“R factor”); the number of available ICU beds in the City State; and the number of new infections per 100,000 people over a period of seven days. When all three indicators hit a predefined mark, the government would respond by introducing stricter lockdown measures. This approach was later adopted by other *Länder* in the fall of 2020.

27.3.7 Increased digitalization

Most notably, the COVID crisis has pushed forward the process of the digitalization of administrative governance. This was not restricted to just federations. While this was not an issue we asked authors to explore in detail, the issue of digital delivery of public services was raised in a number of case studies. The point is particularly highlighted by Bussjäger and Eller in their chapter on Austria, but it also reflects the findings of the OECD (2020). As in other sectors, the majority of meetings of government officials or parliamentarians were held virtually in most countries in order to comply with social distancing requirements. Thus, video conferencing has become the new normal. The pandemic has also increased the need for digitalizing communications between the state and citizens, as well as between administrative units themselves. Thus, digitalization of administrative procedures has also taken place during the crisis. In countries such as Canada and India, governments have launched digital apps to track and stop the spread of the coronavirus.

It is probable that this will have an enormous impact on the way in which governments communicate both internally and externally with their citizens in the future. The push for increased digitalization of administrative service delivery as well as inter-agency communication will most likely have an impact on federal governance. This is already evident in the digitalization of education. The transition to digital schooling has been led by locally managed school districts in the Global North, but remains a challenge in the Global South. Issues of access remain to be addressed, however, even in Europe and the Americas. Figures from the OECD (2020) indicate that even in a wealthy country like Italy, almost 42 percent of the population have no access to computers or tablets at home.

The other area where digitization of service delivery has assumed importance is health care. Although digital technologies, such as those used for telemedicine, have existed for decades, they have had poor penetration into the market because of heavy regulation. As recently as 2019, a US survey showed that 38 percent of chief executive officers of US health care systems reported having no digital component in their overall strategic plan. COVID-19 has changed much in this regard, where patients increasingly prefer virtual consultations to ones in person.

Administrative systems across orders of government will have to be harmonized in order to ensure interoperability, assign clear responsibilities, and avoid duplication and inconsistencies. Such a process will warrant strong collaboration between orders of government. At the same time, digitalization requires substantial financial investment which – in the face of low fiscal capacities of many constituent units – will in all likelihood have to be carried by the federal government in most countries. The issue of access is particularly salient in countries such as Ethiopia where informational and communications technological penetration is relatively low. This, though, potentially carries the risk of a process of centralization, or at least tension between orders of government about the scope and objectives of a digitalized administrative governance system. Federal governments could aim to entice constituent units dependent on transfers toward preferred policy behavior.

27.4 Outlook

It is clear that many possible factors play a role in determining the outcome of a country's response to the COVID-19 pandemic. There are many factors which we have not – or have only peripherally – discussed in this book. We have considered the impact the pandemic had on federal and multilevel systems and, vice-versa, how federal and multilevel systems have responded to the pandemic. Regarding the constitutional form of a country, we have focused our analysis on the question of multilevel government as opposed to unitary government systems. At the same time, we have not examined questions around democracy and authoritarian rule in depth, or explicitly compared the performance of parliamentary systems with presidential systems. Other important factors influencing pandemic response derive from political leadership, how governments communicate policies to their constituencies, and what level of trust a body politic has in its leaders and scientists. Also significant, of course, is the capacity and resilience of a country's health system.

Further, there are many other important factors which lie outside the realm of politics, such as the geographic location of a country and how tightly it is integrated with other countries, its population density and the degree of urbanization, as well

as demographic factors. The older a society, the more likely COVID-19 will have a lethal impact. And even the climate may play a role. There is emerging evidence that the virus spreads less effectively outside, and in indoor environments where there is effective ventilation, and thus warmer countries may have an advantage in controlling the spread of the virus.

Finally, the timeline of developments was important at the beginning of the crisis. In Europe, for example, the pandemic hit Italy first; therefore, other countries had some time to adapt and learn from the Italian experience. Thus, one could say that luck was a factor here, too.

All these factors or variables have to be taken into account or controlled for if attempting to answer the question what impact a system of governance had on the efficacy of pandemic response. It is important to emphasize that, at the time of writing, the pandemic was not over and it is likely to be some time before one can properly reflect upon events and offer a more definitive verdict on how the COVID-19 crisis affected the practice of federalism globally. Inevitably, the question arises of whether unitary countries have been more successful than federal ones. In his chapter in this book comparing the relative performance of federal versus non-federal countries within the OECD, David Cameron argues that the structure of government, federal or non-federal, does not determine pandemic-management outcomes. Indeed, what mattered most in confronting COVID were the quality of leadership at all levels and in all professional spheres, which established a bond of trust between the leaders and the led; and good governance, which permitted effective organization, timely interventions, and the application of the required resources of the state to combating the disease.

We also saw the potential challenges of federalism come to the forefront. The system of checks and balances and power sharing exhibited by federal systems of government prevents them from imposing uniform policies across the country. Indeed, as some authors argue, regulatory overlaps and coordination deficits may have hindered the pursuit of effective responses to the pandemic in 2020. Also, in some federal systems, the pandemic has enhanced conflicts between the federal and sub-national level or even between the constituent units with regard to competences and enacted measures.

There were conspicuous cases of ineffective governance by the constituent units, particularly in developing federations such as Ethiopia and Nepal, because of a lack of sub-national capacity. Sub-national governments were ineffective owing to a lack of human and financial resources necessary to fulfil their functions. Thus, decision-makers should be aware of the risk of overburdening weak and newly established governing institutions with demands that they cannot meet.

It will also be interesting to analyze the impact of the pandemic on the political discussions around federalism. The pandemic ignited debates in almost all countries around either the relevance of federalism or its effectiveness in responding to the crisis, circling around the tension between the need or desire for uniform solutions and approaches with the need or desire for regionally tailored solutions and approaches. In some countries – Ethiopia, Nigeria, and Malaysia, for example – there seem to be strong calls for further decentralization of powers to constituent units and local governments. In other federations, at times, many called for more centralization in the faces of seemingly fragmented and uncoordinated policies. Gaining a better understanding what difference federalism may have made compared to other governance systems will be important for this debate.

27.5 Concluding thoughts

This survey of 24 case studies aimed to develop an understanding of how federalism mediated responses to the COVID-19 pandemic. Furthermore, it intended to consider whether the strain of dealing with the crisis changed the character of federalism in these systems. The variety in approaches that we have seen across the cases is reflective of the diversity among federations, including in their politics and institutional structure. The pandemic and its social-economic fallout has been too overwhelming for any one sphere of government to handle by itself. Consequently, as is apparent from this survey, countries where different orders of government collaborated closely generally achieved better outcomes during 2020. A major lesson of the study of this period of pandemic is the importance of building robust mechanisms for intergovernmental coordination and cooperation. The need for vertical cooperation has proven as important as horizontal cooperation in order to manage the pandemic policy response. Indeed, the actual pattern of response is shaped by a variety of factors, such as political leadership, the state of the health care system, and political culture, which go far beyond the constitutional structures for assigning power in the given country.

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Notes

- 1 Bing COVID tracker Updated 19 January 2021 at 10:20 AM.
- 2 WHO Coronavirus Disease (COVID-19) Dashboard Data: 19 January 2021, 6:44 PM CE.
- 3 Palermo, Francesco. (2012). Italy: A Federal Country without Federalism?. <https://www.researchgate.net>
- 4 New Data Triples Russia's Covid-19 Death Toll – The New York Times ([nytimes.com](https://www.nytimes.com)).
- 5 “January GST Collection Highest at INR 1.2 Lakh Crore”, *Financial Express*, 2 February 2021.
- 6 A “State of Disaster” is distinct from a “State of Emergency” that can be declared by the President section 37 of the Constitution of South Africa and in terms of the State of Emergency Act 1997. The South African Human Rights Commission, Tseliso Thipanyane, has argued that the measures introduced in fact amounts to a State of Emergency (a point echoed by others), but President Ramaphosa did not want to use that term due to its association with the days of apartheid. For more, see Labuschaigne, Melodie; Staunton, Ciara: *COVID-19: State of Disaster in South Africa*, *VerfBlog*, 11 April 2020, <https://verfassungsblog.de/covid-19-state-of-disaster-in-south-africa/>.
- 7 The Law and Human Rights in Nigeria's Response to the COVID-19 Pandemic | Bill of Health ([harvard.edu](https://www.harvard.edu)).

Bibliography

- Anderson, G., 2008. *Federalism: An Introduction*. Toronto: Oxford University Press.
- Bronskill, J., 2021. Federal Liberals Earmark \$7.2 Billion for Health Care, Vaccination, Municipalities. *The Canadian Press*, 25 March. Available from: <https://www.cp24.com/news/federal-liberals-earmark-7-2-billion-for-health-care-vaccination-municipalities-1.5362599?cache=yes%3FclipId%3D89578%3FautoPlay%3Dtrue> [Accessed 5 April 2021].
- Cameron, D. 2021. *The Impact of COVID-19 on Federal Countries*. University of Toronto: Unpublished.

- Chattopadhyay, R. and Whittington, L., 2020. *Apex-level Intergovernmental Relations in Federal Systems: Comparative Perspectives and Lessons for the Indian Context*. Ottawa: World Bank and Forum of Federations.
- Dhar Chakrabarti, P.G., 2015. *Federalism and Disaster Management Forum of Federations*, Occasional Paper Number 10. Government of Ontario, 2020. Ontario's Economic and Fiscal Outlook in Brief. *2020 Ontario Budget*. Available from: <https://budget.ontario.ca/2020/brief.html#section-0> [Accessed 5 April 2021].
- Gravelle, J.G. and Marples, D.J., 2021. Fiscal Policy and Recovery from the COVID-19 Recession. *Congressional Research Service Report*. R46460, 1 February.
- International Monetary Fund, January 2021. World Economic Outlook Update. Available from: <https://www.imf.org/en/Publications/WEO/Issues/2021/01/26/2021-world-economic-outlook-update> [Accessed 5 April 2021].
- Kincaid, J., 1999. Confederal Federalism and Citizen Representation in the European Union. *West European Politics* 22 (2), 34–58.
- Kitchen, H., McMillan, M. and Shah, A., 2019. Higher-Order Fiscal Transfers to Local Governments: An Overview of Worldwide Practices. In: Kitchen, H., McMillan, M. and Shah, A., eds. *Local Public Finance and Economics*. Cham: Palgrave Macmillan, 441–469.
- Majeed, A., Watts, R.L. and Brown, D.M., 2005. *Distribution of Powers and Responsibilities in Federal Countries. Global Dialogue on Federalism*. Volume 2. Montreal: McGill-Queens University Press.
- Marchildon, G.P. and Bossert, T.J., eds., 2018. *Federalism and Decentralisation in Health Care: A Decision Space Approach*. Toronto: University of Toronto Press.
- OECD, 2020. *The Territorial Impact of COVID-19: Managing the Crisis across Orders of Government*. OECD Policy Responses to Coronavirus (COVID-19). Paris: Organization for Economic Cooperation and Development.
- Palermo, F. 2020. 'Is There a Space for Federalism in Times of Emergency?', *VerfBlog*, 13 May 2020. Available from: <https://verfassungsblog.de/is-there-a-space-for-federalism-in-times-of-emergency/>
- Poirier, J. and Saunders, C., 2015. Conclusion: Comparative Experience of Intergovernmental Relations in Federal Systems. In: Poirier, J., Saunders, C. and Kincaid, J., eds. *Intergovernmental Relations in Federal Systems*. Toronto: Oxford University Press, 440–498.
- Shah, A., 2007. ed. *The Practice of Fiscal Federalism. Comparative Perspectives*. Montreal: McGill-Queens University Press.
- Steytler, N. 2009. *Local Government and Metropolitan Regions in Federal Systems. Global Dialogue on Federalism*. Volume 6. Montreal: McGill-Queens University Press.
- Tombe, T., Beland, D., Lecours, A. and Paquet. M., 2020. Critical Juncture in Fiscal Federalism? Canada's Response to COVID-19. *Canadian Journal of Political Science* 53 (2), 239–243.
- Watts, R.L., 2008. *Comparing Federal Systems*. Montreal: McGill Queens University Press.
- WHO, 2020. Laboratory Testing Strategy Recommendations for COVID-19. Available from: https://apps.who.int/iris/bitstream/handle/10665/331509/WHO-COVID-19-lab_testing-2020.1-eng.pdf [Accessed 5 April 2021].

Postscript

Since the period of analysis in this volume ends in January 2021, it is important to provide a postscript to provide an overview of the course of the pandemic in the first half of 2021. As of June 2021, almost all country cases in the volume reported new waves of infections. Argentina, Australia, Austria, Belgium, Canada Germany, Nigeria, Pakistan, Russia, South Africa, Spain, Switzerland, United Kingdom, European Union all experienced a third wave. Countries like India and Malaysia experienced a third wave. Countries such as Brazil, Mexico, and Russia have experienced high plateaus, rather than waves.

In most federations of the Global North, vaccination rollout during the first quarter of 2021 combined with improved health interventions led to significantly improved outcomes measured by lower case fatalities (CFR) than earlier waves. Furthermore, death rates measured in number per million were also considerably lower during the waves in 2021 (Figures 27.1 and 27.2).

The presidential federations Argentina, Brazil, Mexico, and Russia outcomes measured in CFR plateaued at relatively high levels, despite declining slightly from their 2020 peaks. Only in Argentina has there been a consistent decline, while in Russia, there has been a constant increase in CFR. Argentina which did very well through the first wave suffered quite badly in the second wave in late 2020 and third wave in 2021, as measured by deaths per million. Russia's situation has consistently worsened into 2021 (Figures 27.3 and 27.4).

A look at select federations in the Global South is also instructive. In Ethiopia, India, and Malaysia, falling CFR during most of 2020 saw slight reversal in 2021, as caseloads increased in these countries. In Pakistan, CFR has remained high since the beginning of the pandemic. In South Africa, which had a devastating first wave, CFRs have continued to rise. The selection of these cases is based on availability of data. When looking at deaths per million, both India and Malaysia, which has managed to keep fatalities low during the first wave, suffered significantly during the second wave. Fatalities also climbed in Pakistan during 2021 (Figure 27.5).

The other major event of 2021 is the large-scale roll out of vaccinations for COVID. The chart below provides an overview of relative vaccination rates in the number of cases where the data is available. As has been widely reported in the press, there is a big disparity in access to vaccines between the Global North and South, and this is reflected in the data on federations (Figure 27.6).

Figure 27.1 Case Fatality Rate of the Ongoing COVID-19 Pandemic.

While the analysis of the pandemic in the period after vaccines were rolled out is outside the scope of the volume, it was important to provide an update of what has happened during the period following the period under study.

Figure 27.2 Daily New Confirmed COVID-19 Deaths per Million People.

Figure 27.3 Case Fatality Rate of the Ongoing COVID-19 Pandemic.

Daily new confirmed COVID-19 deaths per million people

Shown is the rolling 7-day average. Limited testing and challenges in the attribution of the cause of death means that the number of confirmed deaths may not be an accurate count of the true number of deaths from COVID-19.

Figure 27.4 Daily New Confirmed COVID-19 Deaths per Million People.

Daily new confirmed COVID-19 deaths per million people

Shown is the rolling 7-day average. Limited testing and challenges in the attribution of the cause of death means that the number of confirmed deaths may not be an accurate count of the true number of deaths from COVID-19.

Figure 27.5 Daily New Confirmed COVID-19 Deaths per Million People.

Share of people vaccinated against COVID-19, Jun 2, 2021

This data is only available for countries which report the breakdown of doses administered by first and second doses.

Source: Official data collated by Our World in Data

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Figure 27.6 Share of People Vaccinated against COVID-19, June 2, 2021.